#### **Trauma Team Activation Criteria**

### Step 1. Physiologic Criteria \*

Obtain Vital Signs and Level of Consciousness ASAP good predictor of severe injury

Systolic BP < 90

**Glasgow Coma Scale < 14** 

Respiratory Rate < 10 & > 29

< 20 infant

**Advanced Airway management** 

Trauma arrest/ERP discretion

\* If "Yes" to any of the above, activate/contact Medical Control.

If "No" go to step 2

# Step 2. Anatomic Criteria\*

May have "normal" VS & GCS but still have sustained severe injuries

All penetrating injuries of head, neck, torso and extremities proximal to knee/elbow

Flail chest

**Paralysis** 

**Pelvic fractures/instability** 

Open or depressed skull fractures

2 or more proximal long-bone fractures

Amputation proximal to wrist/ankle

Crushed, de-gloved or mangled extremity

**Major burns** 

\* If "Yes" to any of the above, Activate/Contact Medical Control. If "No" go to step 3

### Step 3. Mechanism of Injury Criteria:

Do not always produce severe injury, but certainly CAN so use to CONSIDER\* activation

#### **Motor Vehicle Crashes**

**Ejection** 

Death of same car occupant

Intrusion > 12 inches

Extrication time > 20 minutes

Auto Vs ped/bicyclist thrown, run over or

significant impact

Falls > 2X patient height

Hanging

Horse/Animal rollover/ejection

Assault w/changes in LOC Motorcycle/Snowmobile/ATV\* crash > 20MPH Multiple patients

\* Contact Medical Control, advise of mechanism for early consideration of activation

## 4. Assess Special Patient or Systems Considerations: Comorbidities\*

May not meet physiologic, anatomic or mechanism criteria but underlying issues create higher RISK for severe injury so use to CONSIDER\* activation

Adult Age > 55yr
Child Age < 15 yr
Anticoagulation/Bleeding disorders
Dialysis patients
Pregnancy > 20 weeks
Time Sensitive Extremity Injury
EMS/Provider Judgement

<sup>\*</sup> Contact Medical Control, advise for early consideration of activation